

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization META HOUSE, INC.		D Employer identification number 39-1017822
	Doing business as		E Telephone number 414-962-1200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,898,938.
	2625 NORTH WEIL STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53212		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: VALERIE VIDAL SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.METAHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1962 M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: META HOUSE ENDS THE GENERATIONAL CYCLE OF ADDICTION BY HEALING WOMEN AND STRENGTHENING FAMILIES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 129
	6 Total number of volunteers (estimate if necessary)	6 180
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,560,283. Current Year 6,594,697.
	9 Program service revenue (Part VIII, line 2g)	146,471. 68,519.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,837. 48,414.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,272. 78,726.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,862,863. 6,790,356.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,796,005. 4,646,287.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 385,018.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,938,763. 1,763,577.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,734,768. 6,409,864.	
19 Revenue less expenses. Subtract line 18 from line 12	128,095. 380,492.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,253,459. End of Year 5,490,036.
	21 Total liabilities (Part X, line 26)	984,444. 736,233.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,269,015. 4,753,803.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	▶ VALERIE VIDAL, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIMBERLY ANDERSON	KIMBERLY ANDERSON	05/25/21	<input type="checkbox"/>	P00188889
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562			Phone no. 608-662-8600	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: META HOUSE ENDS THE GENERATIONAL CYCLE OF ADDICTION BY HEALING WOMEN AND STRENGTHENING FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,979,960. including grants of \$) (Revenue \$ 43.) RESIDENTIAL TREATMENT PROGRAM - META HOUSE OPERATES RESIDENTIAL FACILITIES WITH 35 BEDS FOR WOMEN WHO REQUIRE THE STRUCTURE OF A 24-HOUR, SEVEN-DAY-PER-WEEK PROGRAM IN ORDER TO MAINTAIN SOBRIETY AND REBUILD THEIR LIVES.

4b (Code:) (Expenses \$ 1,991,941. including grants of \$) (Revenue \$ 68,476.) OUTPATIENT TREATMENT PROGRAM - TO MEET THE ADDITIONAL NEEDS OF WOMEN SEEKING SOBRIETY, META HOUSE PROVIDES GENDER-RESPONSIVE TREATMENT IN AN OUTPATIENT SETTING.

4c (Code:) (Expenses \$ 367,444. including grants of \$) (Revenue \$ 59,699.) META HOUSING PROGRAM - META HOUSE RECOGNIZES THAT MANY OF THE FAMILIES SERVED ARE HOMELESS AND IN NEED OF SAFE, AFFORDABLE HOUSING AND, THEREFORE PROVIDES 27 FURNISHED APARTMENTS IN FOUR FACILITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,339,345.